

MEDICAL PRACTICE

Personal Paper

One man's schizophrenic illness

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To give you some idea of how a paranoid schizophrenic feels when he breaks down I'll tell you about my last breakdown.

It began when people in the streets, shopkeepers, faces on television and so on all looked angry and threatening. The flat upstairs seemed to have been divested of its usual occupants for others who were spying on me with bugging devices. There was a great fear in me that all my friends were going to be murdered by them. My imagination interpreted everything at a vast number of levels and found fear in everything. Television and radio implied threats to my friends' lives. Before long I was in hospital. There, I wouldn't eat meat because I thought it was taken from the morgue; the food was poisoned; the tablets were LSD; the nurses were not at all kind, and at least two had a vicious, sick sense of humour.

I was treated with 1200 mg a day of chlorpromazine, handfuls of sodium amytal, and the usual batch of six ECTs. For the first four weeks I did not sleep, and spent my days and nights in a terror of madness. I believed that if I smoked a cigarette a friend would die. After four weeks without smoking, craving overcame love and I smoked through a packet of 20 cigarettes. I believed that it was necessary to have both an apple and an orange on my locker to placate the Orangemen and the IRA. My medication caused partial deafness, partial blindness, extreme giddiness, and made my tongue so dry that my normally articulate voice became an incoherent low rasping.

Fear was the overwhelming feeling: fear jerking my stomach to a yammering, screaming cloud of butterflies.

Unlike Jean-Paul Sartre—who hated his childhood and everything about it—my early years were full of love and warmth and fascinating books and, if Nietzsche's theory that we repeat our

lives over and over again is correct, then I understand Blake's poem about life being full of joy and woe in that sequence.

The first signs of schizophrenia appeared when I was 13 and at grammar school. For a couple of years I managed to cope with my studies but as O levels loomed I was too disturbed to think, reason, or retain anything and I left in the sure horrible knowledge that I was insane and daily becoming more so.

All those who treat mentally ill people think that work is the ultimate answer, but I know that work can hurt, and that a couple of my friends took their lives because of it. I was a clerk and too mad to know what I was doing; my fellow clerks fell on their helpless prey with all the sensitivity of a pack of wolves. For a short time I was a journalist: journalists are kind people and their jokes are gentle and funny. I was an office boy at *Tribune* and, because the then editor (now a cabinet minister) had a heart that is even better than his brain, I was retained for nine months in which I hardly knew what was happening. Since my first illness 18 years or so ago I have worked at a host of different jobs (but hardly at all for the last six years)—from hospital porter to road sweeper, from driver's mate to factory labourer. There have been four suicide attempts, and some periods of suffocating depression. And there is a vast nexus of friends—one young lady, in particular—from whom I acquire the strength to keep going. My one ambition is to be accepted for free group therapy which, I feel sure, would ease my pains and save me from a seventh breakdown.

Four years ago I began having fortnightly injections of Moditen, and since then my periods of psychosis have stopped (and you can see why I must keep on with the injections). Unfortunately, my personality has been so stifled that sometimes I think that the richness of my pre-injection days—even with brief outbursts of madness—is preferable to the numbed cabbage that I have become. I am advised by all doctors to continue with my injections and will do so, but in losing my periods of madness I have to pay with my soul, and the price of health seems twice as high as Everest. I have become a neuroleptic with a skylark's shattered wing, and can no longer write a poem like this (which I called "They Carried the Colours Away"). At the time France was defeated by Germany in the last World War, the Germans used Paris to stage a symbolic public "carrying away" of the

battle colours of the defeated and disbanded French regiments. In the sad-faced crowd of watching Frenchmen, there was an old man . . . weeping.

An old man wept, his happiness gone, as they carried the colours away:
So the apple was rotten, with maggots inside (understanding of death and decay).
They bore of his honour; they trampled his pride—as they carried the colours away.
Franz took the red greys of Rouen; Hans the green blues of Calais
Banners of silk that dripped like a wound; and a dying old man turned away.

Modecate, Depixol, Moditen, and fluphenazine inhibit the imagination and, whereas once I lived in a fascinating ocean of imagination, I now exist in a mere puddle of it. I used to write poetry and prose because it released and satisfied something deep inside myself; now I find reading and writing an effort and my world inside is a desert.

I am blessed in having a friendly GP, who is prepared to listen sympathetically to my schizophrenic problems, do everything he can, speak the correct kind words, and then leave me feeling better with seemingly profound wisdom or with an outrageously funny joke. One GP like this is worth an infinite number of social workers, and much much more than those oh-so-objective registrars. These doctors, as well as psychiatrists

and the occasional consultant, may learn something from what I have to say.

A manic-depressive friend of mine complained that the Priadel to which she owes her health is packed in such enormous pills that she is sick when she takes them. For this reason she doesn't always take them—and her illness returns. My own experience of chlorpromazine is that the 100 mg pills are likely to stick in the thorax and cause hours of acute pain. May I suggest that drug manufacturers reduce the size of their large pills (and, if necessary, increase the cost). Some research, too, should be done to make it possible to administer Depixol in slimmer hypodermic needles—the average 40 mg injection is similar to a twin thrust with bayonets in the buttocks. I have found that Tryptizol and similar antidepressants are effective in treating many types of depression but don't work with schizophrenics—not with me, anyway.

Most people who see a psychiatrist seek a certain amount of humanity. Unfortunately, this panacea for many clients' needs has been trained out of psychiatrists in the name of the god "objectivity." If someone without feeling is what is wanted in the psychiatrist's room, then I suggest that it would be cheaper to install computers instead of a psychiatrist. Occasionally, a patient meets a psychiatrist who is willing to become emotionally involved with him; the patient frequently makes a speedy return to health. No psychiatrist should philosophise: "You may commit suicide; you may not commit suicide; there is nothing I can do about it." This happened once, and somebody died.

Today's Treatment

Drug-induced diseases

Drug-induced liver disease

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In about 8% of reports of adverse drug reactions the liver is affected, although deaths are unusual. The liver is central in the metabolism and excretion of many drugs. Metabolism inactivates them, but some, such as cyclophosphamide and paracetamol, are converted in the liver into powerful intermediate metabolites. In general, drug metabolism proceeds in two phases, both catalysed by enzymes in the membranes of the endoplasmic reticulum in the cell.¹ The first is of oxidation, reduction, or hydrolysis, the second of conjugation with glucuronic acid, amino-acids, or sulphate. Larger, more water-soluble (polar) compounds are the end result, the larger being excreted into bile, the smaller into urine. Although there are differences between the activities of metabolising enzymes in cells in different parts of the hepatic lobule, it is not generally

possible to relate these to the site of damage in the hepatic lobule produced by drugs.

Predictable (direct) hepatotoxins

LIVER CELL NECROSIS

A few drugs and chemicals, such as ferrous sulphate excess, tannic acid, paracetamol excess, tetrachloroethylene, aspirin, cytotoxic drugs, and tetracycline excess, predictably produce necrosis of liver cells—namely a hepatitis—when given in sufficient dosage to man and many animals. Young animals are often more resistant.

Tannic acid caused liver damage when applied to burns from the surface of which it was absorbed, and mild liver damage has been reported after barium enemas to which tannic acid had been added to improve coating of the mucosa. The drug is itself hepatotoxic, without undergoing metabolic transformation to an active molecule.

Tetracyclines—Large doses of tetracyclines have produced in animals and man a strange, often fatal liver disease, in which there is infiltration of the liver with fat but little necrosis of liver cells. The liver damage occurs chiefly in pregnant women, particularly those with renal failure. Tetracyclines have wide-

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